



Directions: Submit this form as applicable to the DFPS PAL staff. This form must be submitted weekly during the months of September and March by close of business on the Friday following the week of service.

YOUTH INFORMATION		
Youth name:	PID:	Current address: <input type="checkbox"/> Check here if this is a new address
Phone:		Email:

SUMMARY OF CONTACT		
Date:	Type of contact: <input type="checkbox"/> Face to face <input type="checkbox"/> Attempted face to face <input type="checkbox"/> Phone contact <input type="checkbox"/> Attempted phone contact	<input type="checkbox"/> Email/text/social media <input type="checkbox"/> Attempted email/text/social media <input type="checkbox"/> Letter mailed <input type="checkbox"/> N/A Hours:
Service type. If type of contact is "attempted," then service type must be "other": <input type="checkbox"/> Educational assistance <input type="checkbox"/> Housing assistance <input type="checkbox"/> Vocational assistance <input type="checkbox"/> Other		
Summary of contact: Service type details must support service type selected and summary must include status of Child's Plan goals and needs.		



Date:	Type of contact: <input type="checkbox"/> Face to face <input type="checkbox"/> Attempted face to face <input type="checkbox"/> Phone contact <input type="checkbox"/> Attempted phone contact	<input type="checkbox"/> Email/text/social media <input type="checkbox"/> Attempted email/text/social media <input type="checkbox"/> Letter mailed <input type="checkbox"/> N/A	Hours:
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PERSON COMPLETING THE REPORT

Case manager signature:

X

Printed name:

Date:

Check one:

☐ Delivered ☐ Mailed ☐ Emailed

Date sent to PAL staff